

**YORK COUNTY UNIFORM CONSTRUCTION CODE
BOARD OF APPEALS**

APPLICATION FOR REVIEW

1. Applicant: Name _____

Address _____

Phone Numbers _____

2. Property Owner (if different from Applicant):

Name _____

Address _____

Phone Numbers _____

Relationship of Applicant to Owner _____

3. Building Permit Number at issue: _____

4. Address and municipality of building site at issue: _____

5. Current use of property _____

6. Name of Building Code and section numbers at issue: _____

7. Relief Requested: _____ Appeal _____ Variance _____ Extension of time

8. Briefly explain the purpose of this Application (use additional pages if needed):

9. _____ An appeal in writing is requested (\$200 fee plus municipal costs).
_____ A hearing is requested (\$400 fee plus stenographer and municipal costs)

My/our signatures below certify that the Instructions have been read and understood and that all of the above information and statements, as well as any other documents or information submitted with and made a part of this Application for Review, are true and correct to the best of my/our information, knowledge and belief.

Applicant(s): _____ Date: _____
(Signature)
_____ Date: _____
(Signature)

Property Owner(s) (if different from Applicant(s):

_____ Date: _____
(Signature)
_____ Date: _____
(Signature)